

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 101,009,731	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		12					57					
8		2					58					
9							59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15							65					
16							66					
17							67					
18							68					
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33							83					
34			5				84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45		2					95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	13						TOTAL DEP.					
TOTAL CLAIMS	14						TOTAL CLAIMS					